

**Commonwealth of Massachusetts
The Trial Court
Juvenile Court Department**

_____ Division

Docket No. _____

Public Assistance Affidavit

1. I, _____, petitioner/plaintiff, hereby declare that I have made inquiry and, to the best of my knowledge, information and belief all of the information on this form is true, accurate and complete.

2. The name (s) and address(s) of the child(ren) who is/are the subject of this complaint or petition are:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

3. a. I am receiving public assistance. ☐ Yes ☐ No

b. I have received public assistance in the past. ☐ Yes ☐ No

If the response is yes to either 3a or 3b, please specify the type of public assistance received:

☐ Department of Transitional Assistance (Public Welfare)

☐ Department of Social Services

☐ Division of Medical Assistance (Medicaid)

☐ Other (Please specify) _____

4. a. The child(ren) listed above is/are receiving public assistance. ☐ Yes ☐ No

b. The child(ren) listed above received public assistance in the past. ☐ Yes ☐ No

If the response is yes to either 4a or 4b, please specify the type of public assistance received:

☐ Department of Transitional Assistance (Public Welfare)

☐ Department of Social Services

☐ Division of Medical Assistance (Medicaid)

☐ Other (Please specify) _____

This affidavit must be personally signed by the petitioner/plaintiff listed in Section 1. If the petitioner is under the age of 18 years and is represented by an attorney, the attorney must also sign this affidavit. A revised affidavit must be filed with the Court if new information is discovered subsequent to this filing.

Signed this _____ day of _____ 20____ under the penalty of perjury.

Signature: _____ Printed Name: _____
(Plaintiff/Petitioner)

Attorney: _____ Printed Name: _____